



## DONATION FORM

Please print this form and submit with your check to  
Florida Blood Services Foundation  
10100 Dr. Martin Luther King Jr. St. N  
St. Petersburg, FL 33716

Enclosed is my check for:	<input type="checkbox"/> \$25	<input type="checkbox"/> \$100	<input type="checkbox"/> \$500	<input type="checkbox"/> Other
	<input type="checkbox"/> \$50	<input type="checkbox"/> \$250	<input type="checkbox"/> \$1,000	_____

Yes, I want to stay informed about FBS Foundation's work by receiving your newsletter   
(Be sure to provide your email address below)

NAME	
COMPANY	
ADDRESS	
CITY	STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY
TELEPHONE NUMBER	MY EMAIL ADDRESS

### This gift is in honor or memory of someone special:

*In Honor of*  
*or*  
*In Memory of*

### Please mail a letter on my behalf to the following person:

(The amount of your gift will not be shared)

Full Name

Address

City, State, ZIP, Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Email